

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. CG1611225 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/				
3	/		S			
4	/					
5	/					
6	/					
7	/		A			
8	/					
9	/					
10	/					
11	/					
12	/		M			
13	/					
14	/					
15	/		E			
16	/					
17	/					
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44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	/					
TOTAL DEP.	129					
TOTAL CLAIMS	130					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						